Benefits At A Glance
BCN5

00112259-0001 Schoolcraft College

Deductible, Copays and Dollar Maximums

Deductible	None
Fixed Copay:	$0 for allergy injections
	$0 for office visits
	$0 for urgent care visits
	$0 for emergency room visits
	$0 for referral physician visits
Coinsurance	50% for selected services as noted below
Copay Dollar Maximums	
Fixed Dollar Copay Maximum	None
Coinsurance Maximum - Excludes services with a 50% coinsurance	None
Dollar Maximums	None

Preventive Services

Health Maintenance Exam	100%
Annual Gynecological Exam	100%
Pap Smear Screening	100%
Well-Baby and Child Care	100%
Immunizations - pediatric and adult	100%
Prostate Specific Antigen (PSA) Screening	100%

Mammography

Mammography Screening	100%

Physician Office Services

Office Visits	100%
Consulting Specialist Care - when referred	100%

Emergency Medical Care

Hospital Emergency Room (copay waived if admitted, if applicable)	100%
Urgent Care Center	100%
Ambulance Services - medically necessary	100%, ground and air services

Diagnostic Services

Laboratory and Pathology Tests	100%
Diagnostic Tests and X-rays	100%
High Technology Radiology Imaging (MRI, MRA, CAT, PET)	100%
Radiation Therapy	100%

Benefits Selected - AS5,DME5,WERC,FP5,WMHSAC,WOC,P&O5,SN730,PD10NSC,MOPD1X

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Maternity Services Provided by a Physician

Pre-Natal and Post-Natal Care	100%
Delivery and Nursery Care	100% (for professional services. See Hospital Care for facility charges)

Hospital Care

General Nursing Care, Hospital Services and Supplies	100%; unlimited days
Outpatient Surgery	100%

Alternatives to Hospital Care

Skilled Nursing Care	100%
	Up to 730 days per lifetime
Hospice Care	100% when authorized
Home Health Care	100%

Surgical Services

Surgery - included all related surgical services and anesthesia.	See Hospital Care for inpatient and outpatient copay
Voluntary Sterilization	100% on all associated costs
Human Organ Transplants (subject to medical criteria)	100%
Reduction Mammoplasty (subject to medical criteria)	50%
Male Mastectomy (subject to medical criteria)	50%
Temporomandibular Joint Syndrome (subject to medical criteria)	50%
Orthognathic Surgery (subject to medical criteria)	50%

Mental Health Care and Substance Abuse Treatment

Inpatient Mental Health Care	100%, up to 45 days per calendar year, renewable 60 days after discharge
Inpatient Substance Abuse	100%, 1 program/12 mo period
Outpatient Mental Health Care	100%, 20 visits per calendar year
Outpatient Substance Abuse	100%, 20 visits per calendar year

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Other Services

Allergy Care	100%; Office visit copay may apply per member per visit
Allergy Injections	100%
Chiropractic Spinal Manipulation - when referred	100%
Outpatient Physical, Speech and Occupational Therapy (60 consecutive days/episode)	100%, 60 consecutive days/episode
Infertility Counseling and Treatment (excludes In-vitro Fertilization)	50% on all associated costs
Durable Medical Equipment	100%
Prosthetic and Orthotic Appliances	100%
Weight Reduction Procedures	100%
Prescription Drugs	Generic - $10 copay or 50% of the Approved Amount, whichever is less; Brand - $10 copay or 50% of the approved amount, whichever is less; Non-Formulary - $10 copay or 50% of the approved amount, whichever is less; with contraceptives, 30 day supply
	Sexual Dysfunction drugs - $10 copay
Mail Order Prescription Drugs	One time the applicable copay up to a 90 day supply
Prescription Drug Deductible	None
Hearing Aid	Not Covered

This is intended as an easy to read summary and provides only a general overview of your benefits. **It is not a contract.** Additional limitations and exclusions may apply to covered services. For a complete description of benefits, please see the applicable Blue Care Network certificates and riders. Payment amounts are based on the Blue Care Network approved amount, less any applicable deductible and/or copay amounts required by the plan. This coverage is provided pursuant to a contract entered into in the State of Michigan and shall be construed under the jurisdiction and according to the laws of the State of Michigan. **Services must be provided or arranged by member's primary care physician or health plan.**

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